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Bib Data Sheet

CONFIRMATION NO. 3528

<b>SERIAL NUMBER</b> 10/617,191	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 24948
<b>APPLICANTS</b> Karl F. Popp, Schodack Landing, NY; <i>revised</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/407,285 09/03/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/08/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>met after</i> Verified and Acknowledged <i>met after</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 35	<b>TOTAL CLAIMS</b> 35
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 20529				
<b>TITLE</b> Topical formulations for treatment of skin disorders				
<b>FILING FEE RECEIVED</b> 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	